

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 CANDIDATE /
OFFICEHOLDER
NAME

MS/MRS/MR

FIRST

MI

Mr

Matthew

C

NICKNAME

LAST

SUFFIX

Powell

OFFICE USE ONLY

Date Received

20 JAN 15 PM 4:30

3 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1320 Arrow Point Dr
Ste 501

Cedar Park TX 78613

☒ change of address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

4 REPORT
TYPE

☒ Annual

☐ Final Disposition

Date Processed

1.15.20

5 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

1 / 1 / 19 THROUGH 1 / 1 / 20

Date Imaged

6 TOTALS

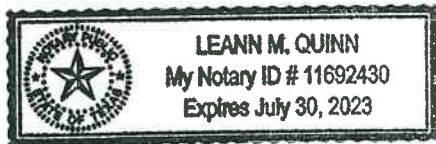
1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF
DECEMBER 31 OF THE PREVIOUS YEAR.

\$ 14,942.57

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON
UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ 0

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Matthew Powell

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Powell, this the
15th day of January 20 20, to certify which, witness my hand and seal of office.

LeAnn M. Quinn

Signature of officer administering oath

LeAnn M. Quinn

Printed name of officer administering oath

City Sec

Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES****FORM C/OH-UC
PG 2**

8 C/OH NAME <u>Matthew Powell</u>		9 Filer ID (Ethics Commission Filers)
10 Date <u>9/11/2019</u>	11 Payee name <u>Alzheimer's Foundation of America</u> <hr/> 12 Payee address; City; State; Zip Code <u>322 Eighth Avenue, 7th Floor</u> <u>New York, NY 10001</u>	13 Amount (\$) <u>1000.00</u>
14 Purpose of expenditure (See instructions regarding type of information required.) <u>charitable</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date <u>9/11/2019</u>	Payee name <u>American Cancer Society</u> <hr/> Payee address; City; State; Zip Code <u>P.O. Box 22478</u> <u>Oklahoma City, OK 73123</u>	Amount (\$) <u>1000.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>charitable</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED